

QUARTERLY FINANCIAL REPORT FORM

Due 30th day of each month following calendar quarter end

Mail two originals and two copies to:
Justice Programs Unit, Attn. Fiscal Dept.
373 S. High Street, 25th floor
Columbus, Ohio 43215
614-462-5577

A. Subgrant Number:

B. Subgrant Title:

C. Report Period Ending:

D. 1. Initial Payment Request \$ _____

2. Quarterly Payment Request \$ _____

3. Check if this is the final fiscal report _____

E. Implementing Agency:

Street Address:

City, State, and Zip:

Start Date

End Date

F. Budget Cost Categories	G. APPROVED BUDGET	H. PRIOR YTD EXPENDITURES	I. CURRENT EXPENDITURES	J. TOTAL YTD EXPENDITURES	K. TOTAL UNPAID OBLIGATIONS
Personnel				\$ -	
Consultants				\$ -	
Travel				\$ -	
Equipment	\$ -			\$ -	
Supplies				\$ -	
Other Costs				\$ -	
Construction				\$ -	
Confidential Funds				\$ -	
Indirect Costs				\$ -	
TOTAL COST	\$ -	\$ -	\$ -	\$ -	\$ -

L. FUND DISTRIBUTION	APPROVED BUDGET	PRIOR YTD EXPENDITURES	CURRENT EXPENDITURES	TOTAL YTD EXPENDITURES	TOTAL UNPAID OBLIGATIONS
OCJS/DYS	\$ -			\$ -	
Cash Match	\$ -			\$ -	
In-Kind Match				\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -

M. FUND CASH POSITION	OCJS FUNDS	LOCAL/STATE MATCH	N. FORFEITURES (A01 CATEGORY ONLY)	PROJECT INCOME EARNED FROM SUBGRANT	INTEREST EARNED FROM SUBGRANT (LEBG ONLY)
YTD Receipts					
YTD Expenditures	\$ -	\$ -			
BALANCE	\$ -	\$ -	\$ -	\$ -	\$ -

I certify that all transactions reported above have been made in compliance with all applicable statutes and regulations, and in accordance with the approved grant award.

Designated Official Signature:

Print Name

Prepared By:

Address

Phone Number:

Justice Programs Use Only:

Vendor#

Proj. Code:

P.O. #

Report Reviewed and Approved By: